

**CUMBERLAND UNIVERSITY REGISTRATION/RECORDS UPDATE FORM**

**Fall 2024**

**This form must be completed and signed before official enrollment.**

Name				
Last	First	Middle	Preferred	

**Student ID#** \_\_\_\_\_

Local Address				
St./Rt.	City	State	Zip	County

**E-Mail Address**\_\_\_\_\_ **Mobile Phone**\_\_\_\_\_

**Advisor** \_\_\_\_\_

**Will you need V. A. eligibility forms filed this semester?**    **Yes**    **No**    **Date of Birth**\_\_\_\_\_

[illegible]

I agree to abide by all rules and regulations of Cumberland University. I understand that no official credit will be posted to my transcript until I am in compliance with all rules and regulations of Cumberland University.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_